

CHOICE MINUTES
VIRTUAL TEAM MEETING July 16, 2020
1:00 p.m. to 2:30 p.m.

Members in Attendance: James Leich, Sen. Jean Breaux, Sen. Jean Leising, Rep. Carolyn Jackson, Andy Weidekamp, Sarah Renner

Members Absent: Beth Schoenfeld, Rep. Ed Clere

Call to Order: Jim said he had a call from Ed Clere he has a conflict and can't make it today. He did note that the website indicated the meeting started at 2:30 and that is was a in person meeting, so he's not sure how many people are not going to be able to make the meeting, because of that, but he wanted to point it out so people at the state can make sure that doesn't happen for the next meeting.

Jim said the first agenda item is the minutes from the last meeting, he asked for questions or comments from the Commission, since he's not sure who is all here all in favor say I all those opposed say no there were no no's. The next agenda item is with Nancy Moore with the Senior Medicare Patrol and IN-CASE Program, he asked Nancy if she was with them. Nancy said yes and asked if they could hear her, they answered yes.

Presentation: Nancy Moore said she was going to share her screen with them she has just a few slides. She wanted to introduce herself her name Nancy Moore said she works for I-4A and she is the Program Director for Senior Medicare Patrol and they call it SMP. Every state has one they are a federal funded program to educate people on how to avoid, detect and report Medicare fraud. Medicare fraud is a huge problem it's estimated that there is between 60 to 90 billion dollars in improper payments made to Medicare, but she is not going to talk about that today. She's going to talk about IN-CASE, Indiana Counsel Against Senior Exploitation. Their history began over 5 years ago, Indiana S&P they started hosting a network breakfast quarterly to connect with their high profile partners. They are a very small program, they kept seeing the same people at their events like the Secretary of State office, Indiana Attorney General Office and they thought this would be a good way to connect with bigger players than them and give them some ideas on how to work together and work intentionally strategically. They would also work together on a yearly financial literacy program called Money Smart Week which is put on by the Chicago feds, it's a national program about not just fraud but any kind of financial resources for the underserved and to connect them with agencies and organizations that can help them. Those are the types of fraud including health care fraud that they would connect with different agencies on, they do that every April and if they want more information on that she can connect them. We are becoming an older population 1 of every 5 Hoosiers will be 65 or older by 2030. Crimes are targeting older adults it is the crime of the 21st century. They know that older adults are polite, they respond to unsolicited phone calls, emails and so forth and often they have a nest egg, so it's becoming a vulnerable population.

The main reason IN-CASE was created was to protect our fellow Hoosiers as they age and prevent and end exploitation and abuse, that's really their mission statement and they do that primarily through education, programs and they have a website. They took a broad approach to what type of abuse, it's

not just health care abuse of Medicare it's any kind of exploitation of older adults including financial exploitation, all kinds of physical or emotional, sexual abuse, neglect, abandonment. So really it's broad they wanted a no wrong door approach for any kind of abuse affecting older adults and their families. They began talking about formalizing this group they had formed from networking in May of 2018. Her partner Kelly at the Secretary of State Office works with NASAA not the space ship but the North American Securities Administrators Association. She would go to the meetings and she kept hearing about coalitions and counsels being formed to protect older adults and she said we're already kind of doing that now as we met and work and share resources and she said why don't we formalize this. They started doing that in November 2018 and NASAA helped them out a lot on how to do it. The biggest task was to come up with a name, mission and vision statement and I-CASE was floated by her colleague Mary Wallace under her program. But that was already taken so they came up with IN-CASE that fit and they came up with a URL and developed a vision and mission statement from there you can read that, it's very simple and it's a big ask but they want to prevent senior abuse and exploitation. They do this primarily in conjunction with their work through education via website and they have educational resources on their website that address all types of abuse and exploitation, risk factors and some data is there. They also do presentations and run panels. Their founders just a few entities that are involved I-4A, Secretary of State, Attorney General Office they had a lot input from Indiana Legal Services, Lava Project (Legal Assistance for Victimized Adults), APS Vanessa Convard is their Secretary so the Division of Aging is involved, Indiana SHIP, Social Security, AARP and The Better Business Bureau these are their founders. That's their core group of people who put events together and organize those kinds of things and keep their social media website up to date. This is just a small fraction of the types of organizations that have joined them. If any of them are interested just contact her they'd love to have you. They've got about 62 members now including a Purdue Professor, they've got banks all kinds of local organizations, senior centers anybody that wants to protect older adults it involved in this, law enforcement and they even some federal partners like the IRS. It's not a big time commitment they do 4 meetings a year and they try to get people who want to be on panels and be experts because she thinks that's the name of the game. Anytime she does a presentation just about senior Medicare patrol she'll get questions she can't answer, legal questions or questions about social security so it's often good to have those experts in the group so they can address everyone's concern at that same time.

Nancy said lastly in 2019 they launched a World Awareness Abuse Day on June 15th they got the Governor to make a proclamation that it's the Indiana Elder Abuse Awareness Week and they had 10 events throughout the state. This year they didn't want to bother the Governor and since they couldn't do in-person events they did a social media campaign. They hosted virtual events this time, they had bingo game around Medicare and Medicaid fraud, they did an exercise video, how to shop for your groceries online. etc. They did some great things virtually they'd like to continue to do that and if they've got an idea of a group that would want to hear from them let her know or if they would like to join them in this effort they would like to have you. These are their officers Kelly is with the Securities Division at the Secretary of State Office it's called Indiana Moneywise she covers investment fraud and education she does Medicare fraud and Vanessa is with APS and she's their secretary. Like them on facebook and follow them on twitter and you can find them on linkedin they'd like to have you. She said that's what she has today and asked if there were any questions.

A member said this may not be pertinent to her presentation but where is the fraud happening is it a provider issue, a user issues, is that a topic for another conversation. Nancy said it's all of the above really from a consumer beneficiary standpoint. What you can do is read your Medicare summary notices, unsolicited calls for a knee brace, back brace it seems like a small thing but once you get one back brace, knee brace, shoulder brace, ankle brace you've raked up about \$6,000 of durable medical equipment, that's a big area, hospice fraud is a big area of course hospital billing that's hard for a consumer to really review all that and to know that they got all those services. The Office of Inspector General they and other entities do a lot of data analytics to look for fraud trends but senior Medicaid Patrol there's one in every state including Guam and the Virgin Island. In the fall of 2019 there was a billions of dollars takedown on genetic fraud they were telling people that they could get free genetic testing and it's part of the Medicare program, Medicare does cover some genetic testing but it has to be prescribed by your doctor. They had an unscrupulous lab processing these test and charging Medicare. They have had one report of covid testing fraud in Granger Indiana, she became nervous about it and reported it and they in turn heard about it, be suspicious of anything unsolicited that comes to you or reportedly free.

Senator Leising asked if she could tell her the estimated dollar amount of Medicare fraud annually in Indiana. Is the fraud an issue happening from the consumer standpoint it sounds like people are trying to take of consumers it's not the users perpetrating the fraud. Can you breakout the fraud that is generated from the people who are scamming the system and how much fraud is generated from people being taken advantage of. Nancy said they don't have those figures it's 60 to 90 billion dollars that's kind of crazy, Medicare has a lot of rules and regulations, Medicare has obligations to pay the things it's pays, there is not a lot of prior authorization like they have in private insurance so if everything looks good, there's a doctor's prescription and all the paperwork is filled out then it gets processed because they have to process it within a certain timeframe. What they call fraud is really what they like to call improper payments. Medicare is one of the largest payers of claims, all healthcare fraud is about 10% of the expenditure it's a combination of unscrupulous providers and some beneficiaries. Rep. Jackson asked her if she had the contact information for Kelly. Nancy yes she would get it to her. Senator Leising said she would like to hear some dollar amount annually on Medicare fraud in Indiana. Nancy said she would see if she could find it but she doesn't think they have that broken down by state but she will try and it's not really fraud its improper payment and she will let them know either way.

Division of Aging Update: Sarah Renner said she is going to provide a update on their budget cycle for capturing the reserve that has been requested by all state agencies. There is a need to reserve funds that could have been allocated in state fiscal year 21 so in the Division of Aging they went through several private not for profit contractors and reduced funding that is either in the process of being amended in contracts or will be reduced in contracts. The largest bucket for their Division relates to services and the vast majority of funding goes directly into services provided by the area agencies on aging. In order to reach the target for the Division of Aging to help with the 15% budget reduction there will be a 18.4% reduction in the CHOICE contract amount for state fiscal year 21. So how they budgeted for this number relates to the amount of federal dollars that came into the Division of Aging through the Cares Act and Families First Coronavirus Act. Appropriately \$19 million came into the Division for client services through ACL and those dollars may be spent through September of 21. On top of those dollars

they continue to receive their Title III funding. Title III funding comes in a 2 year grant award cycle and they will begin their next federal cycle in federal fiscal year 21. As they looked at and projected what they needed to pay for over the next year they understand federal dollars must be spent first, so federal funds spent prior to spending state funds. The Cares Act and Families First funds need to be spent on services, then the Title III funding will need to be spent on services and then CHOICE dollars could be used. When we think about the \$19 million coming in through this covid release funding maintaining our Title III allocations for the next 2 years made for 18.4% reduction is about \$4.4 million. So originally the area agencies on aging contracts would have included 24.3 million CHOICE dollars the 18.4% reduction again removes \$4.4 million and allocates about \$19.8 million in area agencies on aging contracts. Through each year when we think about what was spent from our contracts which include CHOICE service dollars, they know that approximately 1.5 to 2 million dollars on average are returned so when you think about that \$4.4 million the amount could maybe have been spent would have been more like \$3 million so there is typically some funds that are returned and not spent. So that's really a high level overview of how the Division has met its reserve target and she wants to answer any questions they may have.

Jim asked how does the CHOICE dollars reduction separate out between accrual funds to the Triple A's versus match for Medicaid waiver. Jesse said CHOICE is used as the state share which they draw down federal Medicaid match at a 50-50 rate for the waiver intake ADRC contract prior to that contract CHOICE was the main vehicle to cover those expenses. Some years ago Medicaid was brought in to create a bigger pot of funds. That funding has changed a little bit that they've increased the funding over time, he believes its \$3.75 million CHOICE which now draws down an additional \$3.75 million in Medicaid so about 7-1/2 million or so total. That contract is not impacted they did not pull CHOICE dollars to meet the reserve out of the contract, they did not increase the contract either which they had in previous years, because the waiver intake has been growing. The waiver itself has grown substantially every year and so there is more and more people coming on and unlike the CHOICE services contract the contract generally has left very little funding remaining. But the timing of the reserve requirements and not wanting to take additional funding from CHOICE services they essentially left the contract the same total allocation amount and the allocation for each Triple A was kept at what was used for the last year. Jim opened it up for questions.

Sen. Breaux said she wanted to understand what Jesse said, roughly \$4 million is being taken from the CHOICE program is that correct. Jesse said yes. She said 4 million are dollars that would have been allocated over the Triple A network. Sarah said that's correct. She said has each Triple A received the same cut dollars per agency or has it been prorated somehow based on size. How did you do that? Sarah said the allocation was a fair share reduction so every area agency received an 18.4% reduction. Sen. Breaux said her last question so that then impacts the area agencies on aging ability to provide those services that would be the equivalent of those costs reduction/savings versus the amount of the match monies used that's coming out of CHOICE used to match the federal dollars. So the reduction is all coming out of the area agencies on aging services and not any of the match. Sarah said correct the amount is coming out of the service allocation.

Sarah said they had a good question during the Commission on Aging session about what is the narrow population, what does it look like that could not be served through the federal dollars. We have this complicated matrix that allows folks to be served from several different funding streams, so truly there is the ability for folks to receive all the services they need. It may be done through Cares Act or Families

First dollars instead of CHOICE however there is a small population kind of younger she asked Erin to give her response. Erin said the Cares Act and the Families First Coronavirus Act funds come through the Older Americans Act which is targeted to individuals age 60 and older and last year about 20% of the CHOICE service dollars that were spent throughout the network were spent on individuals under the age 60. So that's potentially the population that could be impacted by this reduction. They do have some social services block grant funding which can be used on under 60 population. There are some budgetary restrictions in relation to those funds so she doesn't think that necessarily is the solution to make up all the difference but it's possible to use some of those funds, but by far the majority about 80% of their CHOICE funds are spent on the over 60 population. Senator Breaux said so the Cares Act dollars or the Families First dollars are those used strictly by the administration or accessed by the area agencies on aging. Erin said they granted 19+ million dollars to the area agencies on aging through those 2 funding sources they received and the grants are good through September 2021. Sen. Breaux said there could be some off setting of loss in the grant. Erin said yes that is correct except for that sliver of the population that's under 60 and doesn't qualify for the other funding sources that they have.

Rep. Jackson said she had a question with so many of the agencies not providing services during the covid crisis because many of the seniors didn't want close contact with individuals. Do we have any idea how much money was saved as result of that? Jesse said he didn't have an answer for her, they'll have to work to get an answer to see what they can provide. One of their biggest concerns going into covid when it started to happen was about the providers, individual employees would choose not to go in and would stop serving people based on their overall personal calculus. But that's not really what they've seen, what they've seen is individuals didn't want to be served they were afraid of contacting the virus. Jesse apologized for not having better data but he would get it to her.

Jim asked if there were any other reports from the Division or did some else have questions. Sarah said she had one more item on her agenda, it's more of a awareness or commitment they may already know. FSSA modified its mission, vision and value statement early on around January 2020. The goal is to take a real person centered approach to those statements and reflecting on much of what has occurred over the summer with acknowledgement of racism in our communities. The agency has modified its mission and value statement, some of the value statements have changed. She just wanted to acknowledge and point out that the agency collectively worked on what needed to be bolder and more deliberative statement around our role in creating and championing health equity so since FSSA is an entity for social supports they clearly know they impact these things, social determinants that improve health and wellbeing in individuals. It is their goal that immediately looking at some of the aging statements that guide what they do that they are able to express to them, the public and themselves that they are going to change the way they operate and specifically in the Division of Aging. One of the tools they have is the opportunity to work on a state plan. As they work through the cycles that allow them to work on the state plan health equity will be a driving component of that. But they've also talked about how they as a Division of Aging and the area agencies on aging network can come together and learn together, but take action together for our staff and for the folks they serve to acknowledge that racism will not be a part of our work and that we are here to deliver appropriate services that help folks live longer. She wanted to mention Tauhric Brown, Mark Lindenlaub, Jenny Hamilton and Kristen LaEace have all committed in come way to work together. They are on a committee to see what they can do to begin talking about this subject.

Andy Weidekamp said he got lost about things being reduced could someone explain that a little better. The second question is he thought the CHOICE funds are all state funds and that they are also trying to serve some of the younger handicapped and disabled people, is that accurate he wanted to know, he asked Jim. Jim said a certain percentage of the CHOICE clients are under 65. Andy said okay he just got a little lost as to what happens to the under 65 they're not going to get services, he thought he heard that statement. Jim said he thinks it had to do with the cut backs and being able to replace them with some of the federal funds they've got, he'll look to the state people to make that clear in the minutes they are responsible for doing the minutes for us. Sarah said if she might mention quickly funding sources can change or the way we pay for services for a participant, so if a area agency wanted to think about, I have a population over the age of 60 that can be served through Cares Act, Families First, Title II, they can get services that they need through those funding sources. However this younger population of course they need CHOICE dollars the area agencies are able to on a participant level think about what funding source aligns best with service need. So she does think there's great skill and ability to navigate through the funding sources already by the network and while this is a challenge they're aware of which population must be served and to which funding stream and they'll do a great job. Andy said this does makes is complicated and Jim said it is and he's sure this is going to be an ongoing discussion once we go into the budget year. Jim asked Kristen if she was ready. Kristen said she was but why doesn't he take the Triple A discussion first.

AAA Presentation: Gary Owen is President and CEO of Northwest Indiana Community Action they are the area agency for northwest Indiana serving Lake, Jasper, Newton, Porter, Pulaski and Starke counties. They operate the Aging and Disability Resource Center they operate Resource Connections which is their information and referral. He had trouble with his connection and switched to his phone. A couple of other parts of what they do as area agencies on aging, prevention and health promotion, care transitions and they are also very actively involved in Dementia Friends Indiana spearheaded by Melissa. They were asked and they applied Senior Care Foster Grandparents and Senior Companion program also nutrition program, meals delivered, centers, home and community based services and Long Term Care Ombudsman. They are the largest dual agency in Indiana because they serve as an action agency for 4 counties in northwest Indiana they do energy assistance, family development, housing choice voucher program and recently they've taken on supportive services for veteran's families. They do weatherization in Lake County and they also do financial wellness and asset building program, volunteer income tax assistance and Sarah asked them to become the WIC sponsor for northwest Indiana. Their planning and service area is large and extremely diverse from rural to urban from extremely low income to very affluent with varying needs and challenges which is no different from a lot of the state.

Their mission is simple to remember we help people to be independent and we advocate for those who can't. Their services and they're proud of this are provided without regard to race, age, color, religion, sexual orientation, gender identity and or depression, disability, national origin, ancestry or status as a veteran. They came out strongly to condemn the senseless and unjust killings of countless individuals due to the color of their skin and their statement and their actions reflect that systemic racism and racial biases continue to cause irreparable harm to black and brown persons in communities across the country. They stand with those calling for reforms of systems that devalue and dehumanize people in communities based on race. It would simple not make sense for them not to stand strong as to their position particularly as an area agency on aging and community action program to make a strong statement toward racial justice. The other major event is covid that they're all living through. They

transitioned their work within 72 hours which may be to the benefit of being a multi-programmatic, innovative and large enough to leverage existing resources but not too large as to be cumbersome or inflexible. They had a meeting on Monday the 16th in their office, but they're all in their own offices with their senior team, Melissa and Jennifer were a part of that, they all did it zoom because they knew what was coming. The very next day they went remote. All NICA programs continue to serve individuals to this day except the weatherization program that was the only exception, but that one was shut down for obvious reasons. A skeleton crew remains at the NICA main office every day to provide front coverage, answer callers and process mail and their meetings were transitioned to a virtual zoom environment. The senior team developed policy and procedure strictly to mitigate the risks and continuously assess the health and safety at all their offices particular given all the WIC clinics that they have.

Jennifer said one of the things they implemented early on was the telephone reassurance program and this was broader than just their area agency on aging programs, through all their programs they identified a little over 6,000 individuals who were 60 or older that could be potentially at risk. They rallied the troops within several departments and started making phone calls to all these over 6,000 individuals.

They had some protocols they wanted to make sure their basic needs were met, food, pharmacy any other basic need or if the individual just wanted them to stay in touch with them through this process. So they've actually just transitioned out of ongoing calls just this last week based on the individuals' feedback of where they were, how they were feeling about this situation and their ability to meet their basic needs. But during the thick of everything it had become really clear food was going to be a primary issue and they had to think outside the box if they're going to handle this. They have tremendous providers and partners in Northwest Indiana, Northwest Indiana Meal on Wheels, Food Bank of Northwest Indiana, they worked through all of that however there was a population that couldn't get to a food bank, couldn't get to a grocery store, so they implemented an emergency frozen home delivery meal program. They also briefly setup their own food pantry and partnered with a local church, they had food vouchers and then setup some processed foods that if all else failed and they didn't have the food present they would be the individuals delivering the food until they could get emergency home delivered meals started. Therefore they needed to order food from grocery stores or restaurants for delivery, it turned out to all come together. They also now have shelf stable meals on hand to continue to meet the need if it arises and they are continuing the frozen home delivered meals as their congregate meals aren't open yet.

They continue to work very closely with their providers to develop risk mitigation strategies to make sure everybody is safe and with the Families First funding they can invest in some of those risk mitigation strategies. Over the course of a few months they ended up having well over 500 individuals on their emergency food order meal program. They are proud of that. Another huge part of being in a pandemic is with their resource connection information and assistance department they have a history in their community with being an active part of disaster recovery. So they quickly transitioned into the necessary resource and collection of community resources specific during this pandemic making sure those resources were updated, then physically locating themselves within the district one incident command center that was located in Lake County. What they are really proud of is the need for PPE, and so they invest and they purchased PPE that went to 15 long term care facilities over 8,000 KN-95 masks and some other supplies that was identified through the incident command and local health department efforts to get through this to focus on some of those local nursing facility hotspots so they

were proud of that. Related specifically to ADRC, home and community based services and CHOICE they continued to provide care management, options counseling services virtually with the support from the Division of Aging. Also with their guidance and development of the program they implemented their high risk strategic which helped them identify those they wanted to keep in home, no nursing facilities, no hospitals and specifically with CHOICE they have several success stories related to the population under 60 because with the Cares Act and Families First Act funding they were able meet the need of the 60+ population.

Jennifer said she is going to veer off her presentation because she wanted to provide a perspective from the area agency on aging regarding what's going on with CHOICE and everything through covid. The Division of Aging has been a great partner through them operating in their new environment having to think outside the box. Related to the CHOICE reduction she will reiterate what the Division of Aging said we still have the CHOICE funding that will help them serve the under 60 population. They have on an ongoing bases analyzed their funding, their funding utilization and can make those service plan changes to make sure those individuals can continue to get services. While they have the Families First and Cares Act funding to focus on the 60+ population Northwest Indiana Community Action doesn't feel they will have any concerns while they have the Families First and Cares Act funds and then they'll just reassess as they go forward with that.

Senator Jean Breaux asked how long are you expected to have the Families First is ongoing and Cares Act is special correct. Jennifer said those funds are available through September 2021 and once they utilize them then they can go through their Older Americans Act funding, SSBG and CHOICE funding right now the reduction will not cause them any significant issues.

Carolyn Jackson State Representative for Hammond and Whiting said she would like to know how are you getting this information out with regards to the assistance, you have with the food pantry, your frozen food, delivery services and things like that because she has constituents who live in Hammond as well as Whiting who have been drastically affected and she has not seen any information out there to provide them so they would know how to contact your office in order to get assistance. Jennifer said really what they did was with the 6,000 individuals they identified through telephone reassurance that came from their energy assistance list, through housing choice voucher, they're working with the housing authority, the township trustee and those were the specific partners they were working with to make sure if there was a need that they could meet that through their resource connection. Jennifer said Melissa and her team have been doing a variety of outreach.

Melissa said thank you for kind of giving us the opportunity to brag and talk a little bit about their success and challenges. She said there is a presentation that follows this she believes Mr. Poindexter may have and hopefully it can be included in the minutes so you can have something to refer back to. They have been running their program as normal as possible. They have done a lot of social media, getting the word out that's kind of always how they started with the client roster, social media, word of mouth, happy to get a newsletter and have people share everything, anyway they can to get the message out they will. They've been live streaming a senior fitness class every Tuesday and Thursday, it's been really well received and then also working with primarily the city of Gary and a faith based group. They've been tremendous in helping spread the word and they're sharing flyers and information along those lines. Another initiative that they've been doing with Northwest Indiana Community Action its supporting their staff wellbeing. They have created a couple of programs that they believe will

increase communication, they believe that while working remotely they want their staff to remain as well as possible in order for them to help others and so they've had increased activities and to ensure that they've created a wellness hub with an internal collection of covid related resources for both mental and physical health just to name a few.

When you are dealing with 6,000 calls and you're helping individuals who are feeling isolated or don't have enough food that can lay on you. They've also provided activity kits for anyone who opted into the program who have children at home while they are trying to do the job of maybe caregiver, full-time staff person and in some ways an educational teacher to their children as well. They also hosted some zoom lunches they wanted to touch base and tell them how they are doing. The contact number that individuals can call is 1-800-826-787 she said she appreciates their time and turns it back over to Jennifer and Gary.

Gary asked Jennifer if there was anything else she wanted to add, she said no so he turned it over to questions. Gary said it was no easy task to flip on a dime like many business, a 30 million dollar operation with a 150 staff in 7 counties helping 30-40 thousand people a year, but with the Division of Aging support with IHCD support with the State Dept. of Health including the governor's office he thinks they've been as thoughtful as they can possible be. His commute is much less than it used to be because he falls in that category of over 65, he appreciates their time and is happy to answer any questions. Jim called for questions with being none he went on to Kristen LaEace's update.

I-4A Update: Kristen LaEace said Jennifer gave a perspective on the impact of CHOICE funding reserve and so that's good news that they don't anticipate a loss of services to consumers. Obviously the Triple A's are in different places, one of the things Jennifer talked about was the Families First and Cares Act funding in addition to client services are also being used to meet administrative needs to deliver the programs. For example the purchase of PPE they've had Triple A's that have needed to buy additional computer equipment as staff have gone remote, they've had Triple A's who have had to she believes have purchased freezers for frozen food storage so the list goes on. Regarding the use of Families First and Cares Act funding, it is not all directed toward client services so depending on the need of the organization you are going to see a different percentage of those funds being directed towards client services and based on the infrastructure they had in place and that is going to affect how much they are going to be able to put toward services. It's honestly remains to be seen as to what kind of impact they anticipate on consumers, they may have Triple A's that have to continue with a CHOICE waitlist or institute a CHOICE waitlist. She hasn't heard of a Triple A cutting services to existing clients, it would be a last resort. But as the months go on they will be able to talk more about how the current relief funding, how any future relief funding, how any future existing and future budget reserve will affect the programs and they also have a regular federal appropriations cycle going on as well. They don't have any good data to share right now, but as things go forward there will be. She called for question regarding the funding, there were none.

Kirsten said they've heard first hand from one of their Triple A's about how they've been able to respond to the covid-19 crisis. So across the state area agencies on aging have all taken similar kinds of action to meet community need. They are proud of Area 1 but they're proud of all the Triple A's that have come up with creative ways to solutions that fit locally. And the Triple's as they've learned more about covid-19 and what's safe and was not safe and getting a little bit more flexibility in how they are able to address things. They are going to see Triple's that continue a lot with the remote work and

they're going to see Triple's A's that either start to either bring staff in or perhaps do more in-home client assessment visits they've got a few Triple A's that are going to start to bring their congregate meals sites back, so they will be able to report on that as time goes forward. They anticipate that this kind of flexibility will probably go on for a couple of years if not forever, there are flexibilities that they appreciate right now and they will be working with their internal legislative committee to identify what critical flexibilities they want to continue into the long term. She asked if anyone had questions about covid-19 that she brought up with the Triple A's.

Kristen said what's happening at the federal level two big things one is discussion of the covid relief package Congress put the breaks-on and they've been hearing the conversations are starting up again. There is a lot of advocacy around that final package, some of things they are hearing is indeed it will be a final package we shouldn't expect another one further down the road. There is all kinds of advocacy around what that package could contain. In the news you may have heard people advocating for the extension of the unemployment funding or request for additional support for hospitals or state and local units of government. Similarly the aging network is advocating for additional relief funding so they could ultimately see an additional infusion of federal relief funding coming to the state for the aging network.

The other thing that's happening is that the regular appropriations cycle is starting to happening in congress. They can anticipate that there probably won't have a budget ready by the federal fiscal year this year they will be looking at a continuing resolution that will carry them through probably to January. They hear that they are considering at least in some very initial drafts some increases in Older Americans Act funding. She asked if there was any questions.

Kristen said Sarah mentioned the work the Division and FSSA are doing related to health equity and racial justice. The area agencies on aging disseminated some sort of statement to their communities in the wake of the George Floyd murder and protest and likewise their association also made a statement and she included that in their education packet. They decided as an association rather than simple make a statement of support they wanted to contribute to the state conversation by highlighting the fact that the racial disparities they see and health outcomes really have their roots in racial disparities and biases we see in social determinants of health. They've talked for many years about how we are the launch pen for social determinants of health for older adults and people with disabilities so they support anything to improve that situation in whatever social determinant of health area that would be. They tried to highlight that in their statement and make that linkage between racial injustice, health outcomes and social determinants of health so she hopes people will find that helpful.

She included in the information packet some news reports and articles from trusted non-partisan non-political explaining some of the implications of things like what defund the police means related to human services and the opportunity that is there for human services to step up and be recognized as a larger player in community safety. So one of the examples that's used quite a bit has to do with people in mental health and substance abuse disorder crisis. Wouldn't it great if we as a community invested in **resources to ensure** those people who instead of being met with police who are more trained around violence and crime in communities, wouldn't it be great if mental health counselors and substance abuse treatment experts and people experts at deescalating people in those situations or a person with intellectual and developmental disabilities whose having some type of behavioral crisis, wouldn't it be great if we had someone who was expert at deescalating and dealing with those behavioral crisis rather

than having a uniform officer come in with weapons around their belts. That's what the implication for the human services system is and how it can potentially impact how we deal, have impacts on our Triple A's and the aging services. Another thing that people have heard said in the media is the racism is a public health crisis, so they've included information in there about what that means and again that goes back to the social determinants of health as well as the conscious and unconscious biases in the delivery of health care that results in poor health outcomes for people who are part of communities of color. She wanted to provide some context around that and why as area agencies on aging they think it's important to talk about those things, to be intentionally, to be fearless in raising those conversations and to educating people around them as to what that kind of stuff actually means as opposed to what's going around on facebook or internet meets.

She also included a report from N-4A there's a couple of reports from their national association that deals with national reporting on what Triple A's across the country have done related to covid-19. There is also a biennial Triple A survey that N-4A does every year. She said will stop there to see if there were any final questions.

With there being none Jim adjourned the meeting and thanked everyone for what they are doing out there in this very difficult time.